

RECEIVED RNCC



RECEIVED RNCC JAN 23 2019

DEPARTMENT OF CORRECTIONS

JAN 11 2019

Informal Complaint 866_F3_4-17

INFORMAL COMPLAINT

INSTRUCTIONS: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Jeromiah Chamberlain

1084343

C-1-116

Offender Name

Offender Number

Housing Assignment

Dr. T. Martha

1-4-19 / 1595-hrs

Individuals Involved in Incident

Date/ Time of Incident

- Unit Manager/Supervisor
 Personal Property
 Medical Administrator

- Food Service
 Commissary
 Other (Please Specify): _____

- Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific):

on 1-4-19, Dr. Martha abruptly ceased my medication I was taking for almost 3 years, continually, without warning. I began experiencing severe withdrawal about Saturday night. Sweats, chills, cramps, Nausea & Vomiting, liquid bowel, spasms and insomnia. I am just now able to begin writing this complaint. There is no excuse for this torture other than malice or experimentation. Even after a week, I'm still going through this!

Offender Signature

Date 1-11-19

Offenders - Do Not Write Below This Line

Date Received: 1/14/2019

Tracking # RNCC-19 -INF-00151

Response Due: 1/29/2019

Assigned to: Medical

Action Taken/Response:

New tattoo on area of reported pain issues. You were offered an alternative pain medication regimen & refused. If you would like to be re-evaluated please submit a request form.

L Parks, RN
Respondent SignatureL Parks, RNCC
Printed Name and Title01-15-19
Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

RECEIVED RNCC

JAN 23 2019

Regular Grievance 866_F1_4-17

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number: RNCC- 19 -REG- 00035

Chamberlain Jeramiah	1084343	C-1	116
Last Name, First	Number	Building	Cell/Bed Number
Dr. T. Mathews and Lisa Parks	1-4-19, 1-15-19 / 1545 hrs	Date/ Time of Incident	

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) On 1-4-19 Dr. Mathews abruptly Ceased my medication: (flexeril, Gabapentin and tramadol); a muscle relaxer (flexeril) and anti-seizure med (seizure med) (gabapentin); which I have been taking for 3 years; and a narcotic pain reliever (tramadol) that I have been taking for over 2 years; without any weaning process. I went through a horrible week of withdrawal, cramps, insomnia, nausea/vomiting, liquid bowel, pain and spasms. Even to this day, I'm still suffering mild symptoms. On 1-15-19, Lisa Parks responds to my complaint: "New tattoo on area of reported pain"; "offered alternatives + refused". This response does not answer this issue, but is a feeble attempt to cloud the issue. A new tattoo does not negate the need, or standard of care to wean a patient off of medications that has been prescribed and taken for several years especially seizure meds & narcotics. Whether "experimental" or malicious, this is clearly un-excuseable.

What action do you want taken? There's nothing that can be done, I'm simply exhausting my remedies to pursue a medical malpractice tort to sue for Pain and Suffering where I can receive adequate remedies at law. As I stated, this conduct was unexcusable.

Grievant's Signature:

Date: 1-18-19

Warden/Superintendent's Office:

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance # _____
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: _____ Date: _____	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.
Regional Ombudsman: _____ Date: _____	

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: RNCC River North Correctional Center

Report generated by Walls, B S

Report run on 01/24/2019 at 8:49 AM

RECEIVED

Offender Name	DOC#	Location	Grievance Number
Chamberlain, Jeremiah FEB 06 2019	1084343	Current River North Correctional Center	RNCC-19-REG-00035
Housing OFFICE OF HEALTH SERVICES		Filed River North Correctional Center	
C-1-116-B			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

In your grievance you state on 1/4/19, Dr. Mathena abruptly ceased your medications of flexeril, gabapentin, and tramadol; which you have been taking for 2-3 years, without any weaning process. You allege you went through a horrible week of withdrawal, cramps, insomnia, nausea/vomiting, liquid bowel, pain, and spasms. You declare you are still suffering from mild symptoms. You proclaim on 1/15/19, Lisa Parks responded to your Informal Complaint saying "New tattoo in area of reported pain" and "offered alternative & refused"; however, this response does not answer your issue and is only a feeble attempt to cloud the issue. You insist a new tattoo does not negate the need or standard of care to wean a patient off of medications that have been prescribed and taken for several years, especially seizure meds and narcotics. You contend whether experimental or malicious, this is inexcusable.

As a result of this grievance you would like to exhaust your remedies to pursue a medical malpractice tort to sue for pain and suffering where you can receive adequate remedies at law.

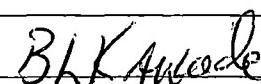
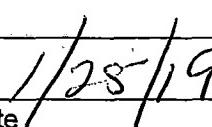
An investigation into your complaint indicates: Medical documentation shows you were offered an alternative medication after Dr. Mathena stopped your flexeril, gabapentin, and tramadol. Medical documentation indicates you chose to refuse the offered medication. Dr. Mathena can re-evaluate you; however, you must submit a request form to Medical indicating your request and may be subject to a copay charge. No violation of procedure is found.

Your grievance is governed by OP 720.2 Medical Screening, Classification, and Levels of Care.

After thoroughly reviewing the information presented by staff in response to your complaint and the policy governing the issue, I find your grievance to be UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

		
Warden/Superintendent		Date

I wish to appeal the Level I response because: *As I have consistently stated, there was no excuse for not weaning me off of the meds, that were taken away. The response given*

following the investigation is unacceptable, 1) the alternative treatments offered had already been exhausted (serious adverse reactions; allergies and/or ineffective); 2) More Importantly, my medical records show on 12/18/17, pt5 an alternate treatment, Dr. Keith Fox still weaned me off of the gabapentin and tramadol prior to the med. change. Again, I was forced to endure the severe withdrawal from Sletteril, Gabapentin and Tramadol which I have been taking for over 2-3 years, because medical refused to wean me off.

Offender Signature



Date 1-25-19

Offender Grievance Response - Level II

DOC Location: C00 Central Office,
Administration

Report generated by HR

Report run on 02/08/2019 at 9:07 AM

Offender Name	DOC#	Location	Grievance Number
Chamberlain, Jeremiah	1084343	Current River North Correctional Center	RNCC-19-REG-00035
Housing		Filed River North Correctional Center	
C-1-116-B			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that Dr. Mathena abruptly ceased your medications which you were taking for three years without weaning.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Please note that the decision to discontinue your medications rest with the clinical judgment of the institutional physician. According to the level I response, it is reported that the RNCC physician recommended you an alternative treatment plan for pain; however, you refused the treatment offered. This issue is governed by **OP 720.5**.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with **OP 866.1** governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

Health Services Director, or Chief of Operations for Health Services

JNB/mw

Date

22 Feb 19



RECEIVED RNCC

VIRGINIA

DEPARTMENT OF CORRECTIONS

RECEIVED RNCC

JAN 23 2019

Informal Complaint 866_F3_4-17

JAN 14 2019

GRIEVANCE DEPARTMENT

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Jeramiah Chamberlain 1084343

C-1-116

Offender Name

Offender Number

Housing Assignment

Dr. T. Mathews

1-4-19 / 1595 hrs.

Individuals Involved in Incident

Date/ Time of Incident

- Unit Manager/Supervisor
 Personal Property
 Medical Administrator

- Food Service
 Commissary
 Other (Please Specify): _____

- Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific):

On 1-4-19, I was seen by Dr. Mathews for chronic care and he abruptly removed all my chronic pain medication (Gabapentin, Tramadol and Elxeril) which I have been taking for over 2 years. These meds were originally prescribed by Dr. Stevens, (which had to be, and were approved by Dr. Ammonett); followed by multiple visits, evaluations and recommendations by both Neurological and Pain management Specialists (which were again approved by Dr. Ammonett!) I am in excruciating and constant pain! I need my meds!

Offender Signature

Date 1-11-19

Offenders - Do Not Write Below This Line

Date Received: 1/14/2019

Tracking # RNCC- 19 -INF- 00156

Response Due: 1/29/2019

Assigned to: Medical

Action Taken/Response:

Please see informal complaint # 00151

L. Parks, Respondent Signature

RECEIVED
JAN 23 2019
OIMB/DOJ/DOA/DOJ/DOA
WESTERN REGION UNIT

Printed Name and Title
L Parks, RN/B

Date 1-15-19

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



Regular Grievance 866_F1_4-17

JAN 23 2019

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number: RNCC- 19 -REG- 00050

Chamberlain Jeramiah	1084343	C-1	116
Last Name, First	Number	Building	Cell/Bed Number
Dr. T. Mathew, Lisa Parks	1-1-19 / 1515 hrs to present date/time.	Date/ Time of Incident	
Individuals Involved in Incident			

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) On the above date/time, Dr. Mathew Ceased my pain medications that took multiple trials and approvals to arrive at. Upon my complaint, Lisa Parks stated it had to do with a new tattoo, and that the Dr. offered alternate treatments. 1) the tattoo does not negate the chronic pain inside my arm (as seen on X-ray; bone damage, hardware (screws, plate), Scar tissues); or the nerve damage as shown in an ECG nerve conductivity test. 2) The alternate treatments offered had already been exhausted as ineffective and serious side effects/allergies. Hence the reason I was on the medications that were ceased, and why I am under the care of both a Neurological Specialist and a Pain Management Specialist; All of which met the approval of Dr. Mark Amonette and was continued care for several years. I am in constant and excruciating pain and I need my meds. back.

What action do you want taken? I want this decision reviewed, I want to be re-evaluated by specialists and my records reviewed. If this facility is unable to adequately treat my chronic pain that I need to be transferred to a facility that can.

RECEIVED

JAN 23 2019

Grievant's Signature:

Warden/Superintendent's Office:

OMBUDSMAN SERVICE UNIT
WESTERN REGION

Date: 1-18-19

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input checked="" type="checkbox"/>	Request for services <i>Medical Services - Wants pain meds back</i>
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: <i>[Handwritten note: Please provide medical records and a signed statement from the medical provider.]</i>
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: <i>B. Hall</i> Date: <i>1-23-19</i>	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input checked="" type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman:

Date: *1/29/19*

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

To whom it may concern,

On 1-23-19, B. Walls denied the intake of my grievance stating: "Request for Services", that I simply want my pain meds back. This grievance is the result of my visit with the doctor, he's taking away the effective pain medication, then only offering previously ~~had~~ deemed ineffective treatments, and refusing any other course of action.

As I stated, I went through multiple medication/treatment trials, which, after complications, allergic reactions, which led to treatment and evaluation by Specialists.

So I present, the previous primary physician (Dr. Stevens), made the recommendations for the meds I was taking; this was approved by Richmond (Dr. Ammonett); followed by the agreement of a neurological specialist (VCU) and a pain management Specialist (Dr. Powers); all of which had to be reviewed and again approved by Richmond (Dr. Ammonett).

Now, all of a sudden, this one Doctor (Mathena) knows more is better than FOUR (4) doctors (two of which are specialists) who are all in agreement about my course of treatment. And Mathena's answer was: "The State won't let me do it".

This grievance needs to be logged so I can appeal it to DDC with SVC's ~~for review~~, ~~as~~ since this is a medical issue.

RECEIVED
JAN 28 2019
OMBUDSMAN SERVICE UNIT
WESTERN REGION

Thank You




VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: RNCC River North Correctional Center

Report generated by Walls, B S

Report run on 02/06/2019 at 10:26 AM

Offender Name	RECEIVED	DOC#	Location	Grievance Number
Chamberlain, Jeremiah	FEB 21 2019	1084343	Current River North Correctional Center	RNCC-19-REG-00050
Housing	OFFICE OF HEALTH SERVICES		Filed River North Correctional Center	
C-1-116-B				

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

In your grievance you state on 1/4/19, Dr. Mathena ceased your pain medications that took multiple trials and approvals to arrive at. You contend on your complaint Lisa Parks stated it had to do with a new tattoo and that the doctor offered alternate treatments. You argue the tattoo does not negate the chronic pain inside your arm or the nerve damage as shown in an ECG nerve conductivity test. You insist the alternate treatments offered had already been exhausted as ineffective and serious side effects/allergies. You allege this is why you were on the medications that were ceased and under the care of both a Neurological Specialist and a pain management specialist. You contend all met the approval of Dr. Mark Amonette and was continued care for several years. You declare you are in constant and excruciating pain and need your pain meds back.

As a result of this grievance you would like for this decision to be reviewed and to be re-evaluated by specialists and your records reviewed. If this facility cannot adequately treat your chronic pain then you want to be transferred to a facility that can.

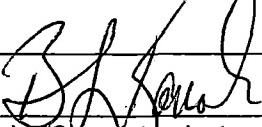
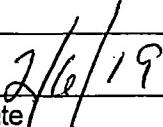
An investigation into your complaint indicates: Per RNCC Medical Director, you are being treated appropriately; however, if you wish to be re-evaluated you must submit a request form to Medical requesting an appointment. There are no indications found supporting your claim that proper medical services are not being given to you. No violation of procedure is found.

Your grievance is governed by OP 720.2 Medical Screening, Classification, and Levels of Care.

After thoroughly reviewing the information presented by staff in response to your complaint and the policy governing the issue, I find your grievance to be **UNFOUNDED**.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

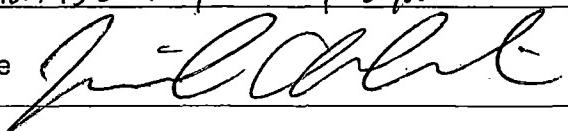
Health Services Director, PO Box 26963, Richmond, VA 23261-6963

		
Warden/Superintendent		Date

I wish to appeal the Level I response because: What's the point to being "re-evaluated" ? Dr. Mathena made it clear the only medication he will even consider is the formulary

meds. we have already tried and stopped because of allergies, adverse effects and simply non-effective. Dr Mathew clearly stated that I can only get those meds and nothing else. I have been taking flexeril, gabapentin and tramadol for over a period of 2½ years; not only per your original approval, but also per neurological and pain management specialists recommendations; Which again required your approval. Mathew's decision is contrary not only to your decision, but 3 other doctors as well.

Offender Signature



Date 2-6-19



Offender Grievance Response - Level II

DOC Location: C00 Central Office,
Administration

Report generated by HR

Report run on 02/25/2019 at 11:07 AM

Offender Name	DOC#	Location	Grievance Number
Chamberlain, Jeremiah	1084343	Current River North Correctional Center	RNCC-19-REG-00050
Housing		Filed River North Correctional Center	
C-1-116-B	LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)		

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that Dr. Mathena abruptly removed all of your chronic pain medications (Gabapentin, Tramadol, and Flexeril) on 01/04/19 which you have taken for more than two years.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. As you were advised, medication recommendations from the offsite providers may be changed at the clinical discretion of your institutional physician. It is documented in your January 2019 Medication Record that the RNCC physician prescribed you Extra strength Tylenol and Capsaicin medications as a pain relief alternative. This issue is governed by OP 720.5.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

Health Services Director, or Chief of Operations for Health Services	Date
	28 Feb 19

Plaintiff
Exhibit 2

TO: Attorney General, Mark Herring; 202 North 9th Street,
Richmond, Virginia 23219

Division of Risk Management; 101 North 14th Street, (6th floor)
Richmond, Virginia 23219

BY: CERTIFIED MAIL, RETURN RECEIPT REQUESTED

NOTICE OF CLAIM

PURSUANT to Virginia Code Ann. § 8.01-195.6(E); Jeremiah Chamberlain, Plaintiff, residing at River North Correctional Center, 329 Delbrook Lane, Independence, Virginia 24348; hereby gives NOTICE of his claim against the Commonwealth of Virginia, Department of Corrections, and Doctor T. Mathena(Dr. Mathena)for personal injury sustained by reason of: malice, gross neglegence, neglegence, intentional infliction of emotional distress (IIED), all as a result of the medical malpractice of Dr.Mathena, employed by the Department of Corrections (DOC), of the Commonwealth of Virginia,it's agents, officers, or employees: here at the River North Correctional Center (RNCC), Medical Department, on Friday January 4, 2019; at or around 1500 Hrs (3:00pm) to 1545Hrs (3:45pm), in exam room 2 of the medical department,

On the above stated time and place, Chamberlain was seen by Dr.Mathena(as Dr. Mathena was a temporary replacement for Chamberlain's primary physician Dr. J. Stevens, who went back to his private practice) for medication renewal to treat his chronic pain, and for a routine chronic care (i.e. hepatitis, hypertension etc.) exam; when Dr.Mathena decided to stop all medications Chamberlain had been taking for three (3) years (some meds longer) without any "weaning" process.

Chamberlain has been taking: Flexeril(a muscle relaxer) for spasms in his hand, and Gabapentin(anti-spasmodic (seizure)) for nerve damage; since early to mid- 2015; and also Tramadol (narco-ic pain reliever) since 2016; all for the purpose of treating his chronic pain resulting from a gunshot wound, where a hollow point round went through the length of Chamberlain's forearm causing extensive and irreparable damage.

These medications were prescribed after extensive trial and error, and the exhaustion of all other formulary medication and treatments; as they all had severe adverse reactions, allergies, and/or ineffective; resulting in multiple "specialists" consultations, exams, and tests; all under the scrutiny and aproval of Dr. Mark Amonette (DOC Health Director).

When Dr.Mathena claimed he was not going to renew these meds he claimed it was because the "state didn't approve them"; and "because other places he worked didn't allow them". Dr. Mathena also stated : the only meds he will give Chamberlain, were the same ones that Chamberlain had allergies, or serious adverse reactions to; which were already listed in Chamberlain's medical records; as Chamberlain tried to explain this, Dr. Mathena did not care.

Chamberlain then asked if he was going to be "weaned" off, since he had been taking these meds for such a long period of time; Dr. Mathena claimed: "the state did not require it".

The following day, Saturday January 5,2019; Chamberlain began going through withdrawl, which progressed and worsened. That whole week, Chamberlain could not leave his bed. He suffered muscle cramps, spasms, nausea, vommiting, liquid bowel, sweats, chills, insomnia, and on top of all that Chamberlain had to, and still is,dealing with the excruciating pain from the gun shot.

After that week, Chamberlain was finally able to begin filing his administrative remedies. Chamberlain suffered these withdrawl symptoms for almost a month. Again, Chamberlain is still suffering extreme pain from his gun shot wound.

Chamberlain is seeking damages in the amount of :\$50,000.00 for pain and suffering.

Respectfully submitted,



Jeramiah Chamberlain #1084343
River North Correctional Center
329 Dellbrook Lane
Independence, Virginia 24348

STATE OF VIRGINIA
COUNTY OF GRAYSON, to-wit:

I, Jeramiah Chamberlain, plaintiff herein, being duly sworn say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof, and that the same is true to the best of my knowledge, information and belief. Given under my hand this 11 day of March, 2019.


Jeramiah Chamberlain
RNCC
329 Dellbrook Lane
Independence, Virginia 24348

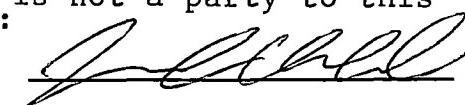
Subscribed and sworn to before me this 11 day of March, 2019 by Jeramiah Chamberlain, whose identity was proven before me by state issued ID card.

My commission expires: 01-31-2022

Melissa D Sowers
Notary Public

Notary Registration No.: 7787992

I hereby certify that this
Notary is not a party to this
Document:



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See reverse for instructions

ATTACHMENT
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Chamberlain#1084343
River North Correctional Center
329 Delbrook Lane
Independence, Virginia 24348

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April 15, 2019

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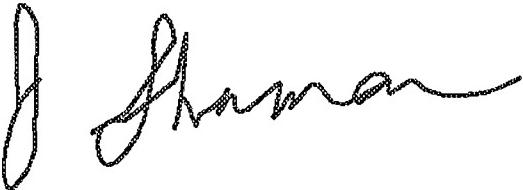
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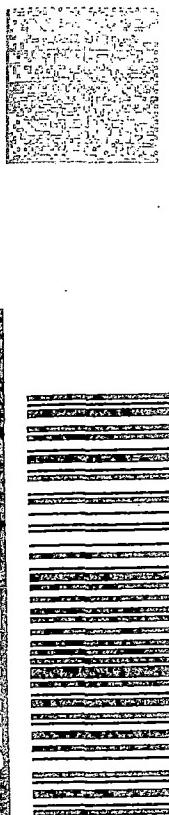


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Version: 19.2.4.0.11

Jeramiah Chamberlain#1084343
RNCGC
329 Dellbrook Ln.
Independence, Va. 23348

CERTIFIED MAIL



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FSC Form 1300, April 2013, PS-1766-02-2004007 See Reverse for Instructions	

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April 15, 2019

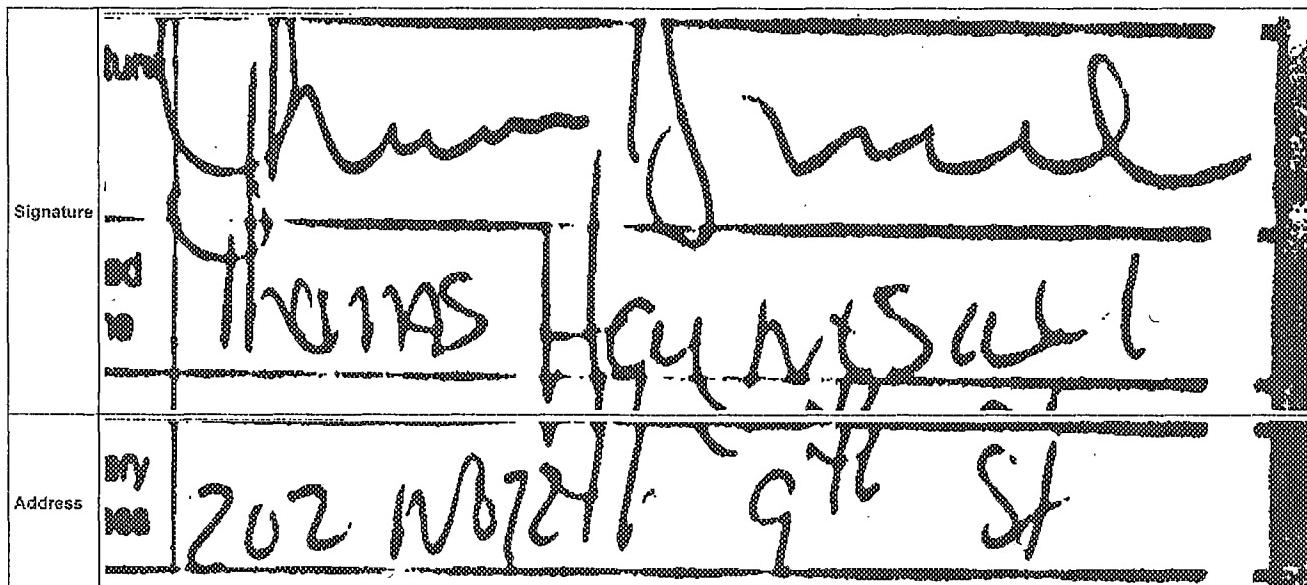
USPS Tracking Intranet**Delivery Signature and Address**

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Health Services Complaint and Treatment Form

Exhibit 3

Facility: River North Correctional Center

Offender Name: Chamberlain Jeremiah Last Number: 1084343

Date/Time	Complaint and Treatment	Signature and Title
6-6-16 5:30p	Returned from outside appointment. 0 complaints voiced at this time.	
150/100		
96		
B-20	Redness located bilateral	
02-98% RA	↓ wrists r/t cuff placement. Chart on doctor's row for review	JDR
6-9-16 1310	SIC - Meds not working wt 232 1/2 scheduled to do PT here in w/f	
T98.7 96%	Pain management clinic denied PT allowed. He's just begun PT.	
132/95		
P 112	SMU c complaint of uncontrolled pain.	
copy of PT exercise given.	No change in exec ② Continue PT	
noted for P 112	✓ Gabapentin to 900 mg po TID	Verified JDR/CPN
P 112	✓ Tylexil 500 mg 2 po BID PRN pain x 120 d.	6-9-16 3:05pm
7/7/16 0933	Change Gabapentin to 1200 mg po. BID x 180 d.	
noted 2 Crawford CPN 7-7-16 1130	(W) No Verified (JDR/CPN) 7/7/16 @ 3:05pm	
1150 ✓ Tylexil 10mg po BID x 180d		
noted 2 Crawford CPN 7/7/16 1310		



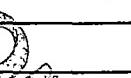
**VIRGINIA
DEPARTMENT OF CORRECTIONS**

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: RIVER NORTH CORRECTIONAL CENTER

Offender Name: Chamberlain Last Jeremiah First Number: 1084343

Date/Time	Complaint and Treatment	Signature and Title
8-2-16 1530 74yrs 236# 120/86 P100 97%	S/C Protonix removal Pain no better. Therapy x 3 wks. (\$)-for Protonix refill - Sx's of reflux return off - still c (R) forearm pain (chronic baseline and episodes of sharp pain) and hand paresthesia / tingling (better c Gabapentin). PT now x 3 wks. Previous pain manage. referred denied. ⑩ A&O NAD	
5/16/16 51yrs M/F 170 lbs P/T 8-2-16 120/86 P100 97%	Ext - (R) UE c atrophy & scarring & minimal finger flexion/grasp. Perfusion GNL ⑪ - GERD + (R) worst s/p surgery pt injury - persistent pain, paresthesias P - Protonix (40mg) daily x 180 d. ✓ (PT understands risks of med) - Schedule for recheck in September pt completion of 45 d. at PT.	
8-3-16 1630	P/T cancelled for today d/t construction on security	R. Leach, Board CAC  



**VIRGINIA
DEPARTMENT OF CORRECTIONS**

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: River North Correctional Center

Offender Name: Chamberlain Jeremiah **Number:** 1084343
Last First

Date/Time	Complaint and Treatment	Signature and Title
10/12/16 804	MD Sick call- PT not working	
13/18/16 13020	<p>(3) "Bone pain" continues in forearm sharp, constant, stabbing radiating pain. No improvement w/ max Gabeprin & physical therapy. Taking Tylenol (but has step C) Reactions to Ibuprofen Motrin, Salsalate</p> <p>(2) forearm deformity s/p old injury + recurrent c most prominent in 4th + 5th R fingers. Perfusion weak ↓ weakness at motion/grip</p> <p>(1) chronic (R) forearm pain s/p dog bite & multiple grafting, (P)- Will resubmit QMC for pain management Fremadol 150 mg t.i.d. P.O. BID x 90 d. (MM)</p> <p>Reaction to NSAIDs Ibuprofen, Motrin Salsalate (see previous QMC). Taking Tylenol but has step C Max Gabeprin used for neuropath pain</p>	D. Reeder
10/12/16 1340		
10/12/16 1353	QMC submitted for pain management.	Pain
11/7/16 1pm	On Master class for nurse Call to discuss "my records"- no show prompt to rebook	



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: RIVER NORTH CORRECTIONAL CENTER

Offender Name: Chamberlain _____ First Jerenuch _____ Last
Number: 1084343

Date/Time	Complaint and Treatment	Signature and Title
11-8-11 1620 #231	SIC med adjustment Tylenol renewal	
140/80 98.9 P95 99% Sp V 610pm P 2 30 2 30 1510 10 00 10 00	- for med renewal - requesting Tylenol - Requesting Reglan in place of Phontox for GERD for period - has used same before & success.	
	(P) Acetaminophen 500 mg 2 PW BID PRN pain x 180d ✓ Reglan 10 mg, (2) PW BID x 90d. Hold Phontox while on Reglan Pt awaiting Pain Management Day clinic appointment.	
		(P) am
		COPY



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: RIVER NORTH CORRECTIONAL CENTER

Offender Name: Chamberlain Jeremiah Number: 1084343
Last First

Date/Time	Complaint and Treatment	Signature and Title
5/15/17 2:01pm	C ^o Offender brought to medical for pain management telemed. Telemed begins at 2:01 pm. Telemed ends at 2:15 pm. Neurologist recommends nerve conduction studies before making any medication changes.	Marsh, RW
5/17/17 1624	QMC for (2) UE EMG (as per neurology submitted) Please forward 5/15/17 Neuro doc consult to Dr. Amoretti.	(PA MM)
D6/6/17 1430 WT 249 P108 9830 T 97.8 124178	fu nurse note 5-10-17 - still \leq 8.5/10 pain (R) UE awaiting EMG revisit \leq neurology - C/O (1) 1st foot pain - Tumper from bed ~2 weeks ago	
	* See CC Note from today's chart for orders re above	(PA MM)

JMH CI#: 01721751 MR#: 000587352
PT#: 85618020 SHIELDS, EMILY S
CHAMBERLAIN, JERAMIAH M ADMOQJ1878
DOB: 10 / 08 / 1980 36 Y 08/18/17 08:36



Mountain States Medical Group
Neurology

Test Date: 8/18/2017

Patient: Jeramiah Chamberlain DOB: 10/8/1980 Ref Phys:
ID#: 85618020

Patient Complaints:

36 year old right handed white male with gunshot wound to right wrist/ forearm in 2011. He states that the bullet went along the path of the median nerve and has a scar along that course. Has numbness in his hand that spares the 4th and 5th digit. He is unable to make a fist and has deep bone pain in the forearm as he describes it.

EMG & NCV Findings:

Evaluation of the Right median motor nerve showed prolonged distal onset latency (5.0 ms), reduced amplitude (4.3 mV), and decreased conduction velocity (Elbow-Wrist, 34 m/s). The Right Median 2nd Digit sensory nerve showed no response (Wrist). The Right median/ulnar (palm) comparison nerve showed no response (Median Palm). All remaining nerves (as indicated in the following tables) were within normal limits.

F Wave studies indicate that the Right median F wave has no response. All remaining F Wave latencies were within normal limits.

All examined muscles (as indicated in the following table) showed no evidence of electrical instability.

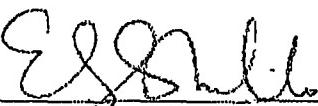
Impression:

There is electrodiagnostic evidence of:

1. A right median sensorimotor neuropathy

Thank you very much for asking me to see this patient for electrodiagnostic testing.

Sincerely,


Emily Shields, MD

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P. 6

JMH CI# 01721751 MR# 000587352
 PT# 85618020 SHIELDS, EMILY S
CHAMBERLAIN, JERAMIAH M ADMDDJ976
 DOB: 10 / 08 / 1980 36 Y 08/18/17 08:36

Test Date: 8/18/2017

Page 2

Nerve Conduction Studies

Anti Sensory Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (μV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)
Right Median 2nd Digit Anti Sensory (2nd Digit)										
Wrist	NR			>10		Wrist	2nd Digit			0.0
Wrist	1.6			10.3		Wrist	Base 1st Digit	1.6	10.0	63
Wrist	2.8			21.9	>10.0	Wrist	5th Digit	2.8	14.0	50

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median Motor (Abd Poll Brev)											
Wrist	5.0	<4.2		4.3	>5	Elbow	Wrist	5.6	19.0	34	>50
Elbow	10.6			0.8							
Right Ulnar Motor (Abd Dig Minimi)											
Wrist	3.0	<4.2		10.8	>3	B Elbow	Wrist	2.9	19.0	66	>45
B Elbow	5.9			10.5		A Elbow	B Elbow	2.5	14.0	56	>45
A Elbow	8.4			10.2							

Comparison Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	O-P Amp (μV)	Norm O-P Amp	Site1	Site2	Delta-P (ms)	Norm Delta (ms)
Right Median/Ulnar Palm Comparison (Wrist - 8cm)									
Median Palm	NR	<2.5				Median Palm	Ulnar Palm		<0.3
Ulnar Palm	1.8	<2.5		15.4					

F Wave Studies

NR	F-Lat (ms)	Lat Norm (ms)	L-R F-Lat (ms)	L-R Lat Norm
Right Median (Mrkrs) (Abd Poll Brev)				
NR	<33		<2.2	

Right Ulnar (Mrkrs) (Abd Dig Min)

28.44 <36 <2.5

COPY

EMG

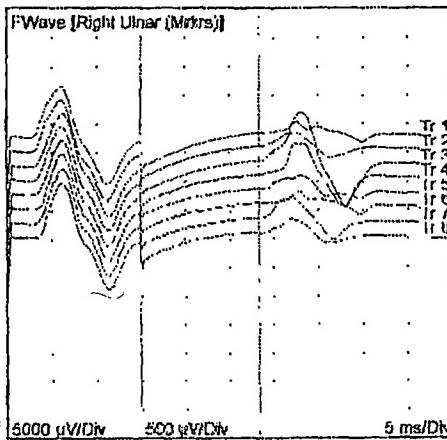
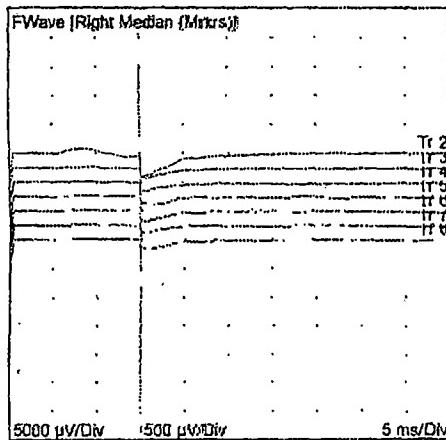
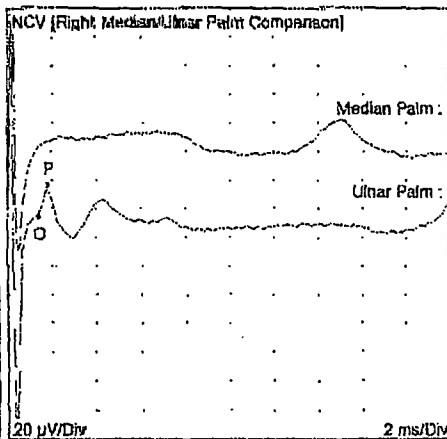
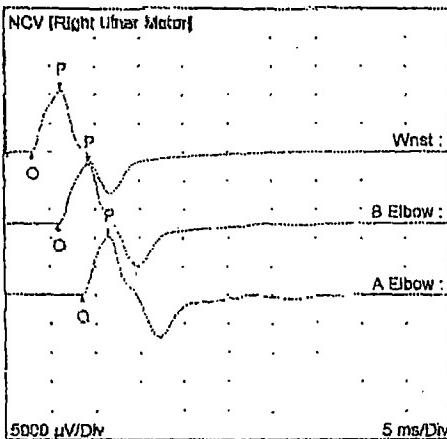
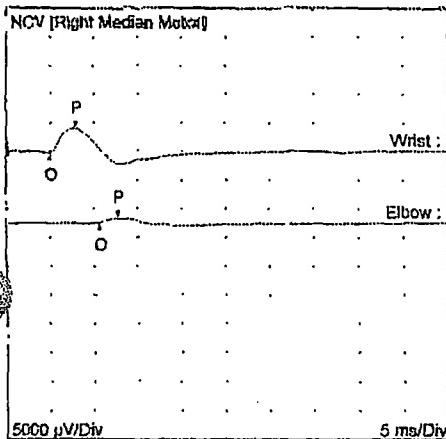
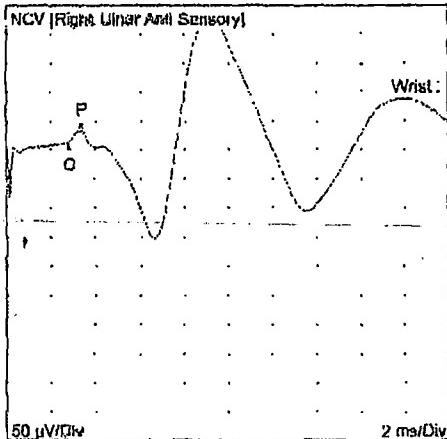
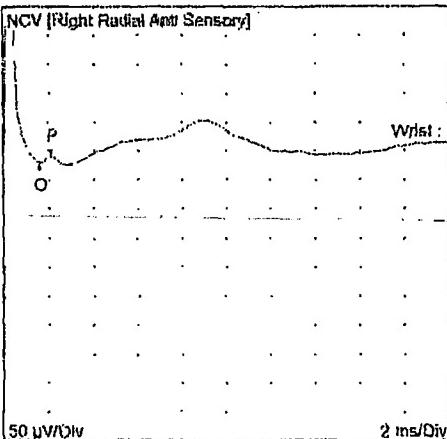
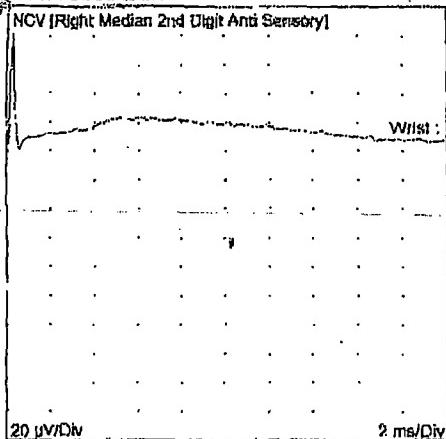
Side	Muscle	Nerve	Root	Ins Act	Fib	Psw	Amp	Dur	Poly	Reerr	Comment
Right	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	Nml	0	Nml		Poor effort
Right	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	0	Nml		Poor effort
Right	PronatorTeres	Median	C6-7	Nml	Nml	Nml	Nml	0	Nml		Poor effort
Right	ABD Dig Min	Ulnar	C8-T1	Nml	Nml	Nml	Nml	0	Nml		
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	0	Nml		

P.7

JMH CH# 01721751 MR# 000587352
 PT# 85618020 SHIELDS, EMILY S
CHAMBERLAIN, JERAMIAH M
 DOB: 10 / 08 / 1980 36 Y 08/18/17 08:36

Test Date: 8/18/2017

Page 3

Waveforms:

COPY

R8

RIVER NORTH CORRECTIONAL CENTER
CHRONIC DISEASE FOLLOW UP

Offender Name	Chamberlain, Jeremiah		Offender Number	1084343
LIST CHRONIC DISEASES				
1. Hep C	3.	5.		
2. HTN	4.	6.		

HISTORY: (Attach a progress form, if needed, to provide a more complete history) Attach Pharmacy profile or list current medications:

COMPLAINTS/PROBLEMS:				
CV/Hypertension: Chest Pain: YES <input checked="" type="checkbox"/> NO	SOB: YES <input checked="" type="checkbox"/>	Asthma: # of attacks since last visit: _____		
Diabetes Mellitus: # of hypoglycemic reactions since last visit: _____		# short acting beta agonist canisters in last month: _____		
Seizure Disorder: # of seizures since last visit: _____		# visits to ETA for asthma since last visit: _____		
All Diseases: other new symptoms: YES <input type="checkbox"/> NO		# times awakening with asthma symptoms per week: _____		
Additional History: - Persistent (L) US RCT S/N GSU - following <u>C</u> Nerve - - (L) foot injury ~2 wks ago - jumped from bed <u>SUG/MCS</u> <u>pending</u>				

CCP compliance with medications: YES NO Diet: YES NO Exercise: YES NO

VITALS:				
HT	BP 124/78	Wt 249	Pulse 108	Resp.
Lab	Temp. 97.8	Sat. 98%	PERF	Total Chol.
	Hemoglobin A1C	VL		CD4
	HDL	Trig	Other	
EXAM: A=0 MMH M edia / TM / JVA / Bowel HEENT/Neck: OP clear, no icterus Neurological: Non focal Lungs: CTA BBS = Heart: RRR 5 m Extremities: M along Abdomen: NT, soft, non tenderness Rectal:				

Other:

ASSESSMENT				
1. Hep C	-	Stable - ABRI - 0.435 FIB - 1.28 No fibrosis		
2. HTN	-	Stable		
3.				
4.				

Medications: No CCP med <input checked="" type="checkbox"/>				
Diagnostics: (L) foot x-ray				
Labs: Sept 2217 - CBC, CMP, TSH, lipid profile, LFTs	Fasting			
Monitoring: BP _____ x day/week/month	Glucose: _____ x day/week/month	Peak Flow	Other	
Education Provided: Nutrition	Exercise	Smoking	Test Results	<input checked="" type="checkbox"/> Medication Management
Referral Specialist (Indicate Type):	Other Chronic Care Program (Specify):			
# days to next visit 90 60 30 Other: 180	Discharge from CCP (specify):			

PROVIDER SIGNATURE: <i>[Signature]</i> MD	DATE: 6/6/17
---	--------------

5/16 1. Tramadol (to 150 mg BID X 180 d (30 d. at a time).
 Gabapentin 600 mg (2) P.O. BID X 180 d. V/V acetate
 Flexeril 10 mg P.O. BID X 180 d. 6-6-17 @ 180 d



VIRGINIA

DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: RIVER NORTH CORRECTIONAL CENTER

Offender Name:

Chamberlain Jeremiah

Number: 1084343

Date/Time

Complaint and Treatment

Signature and Title

6-9-17 8:45am	Offender brought to medical for ① foot x-ray. Exam completed as incident.	
6-15-17 7:00am	Results of 6-9-17 x-rays was reviewed and verified by Dr. Stevens. CKing RTR	
6/15/17 1652	Patient has extensive damage to RUE from GSW. I believe Gebenertin is working in conjunction c Trmedal! Neurology is following patient and if they direct to we will from Gebenertin we will do at that time. Continue current dose for now.	(and pt. may be getting referred to pain management as well)
8-18-17 11:40 am BP 150/90 P 78 B 20	Return from outside apt. (Neuro.) no voiced c/o. no s/sx trauma or always chart forwarded to MS. you're	DR. PARKER RD
10-12-17 8am	Labs done per MD order.	DR. PARKER RD



DIS

*CHAMBERLAIN, JEREMIAH
 M 37Y MR 325350 DOB 10/08/1980
 ID 2472643 07/06/2018 00:00
 OUTPATIENT SURG/TRMT/OBS, POWERS,
 UNKNOWN_ROOM-UNKNOWN_BED

TWIN COUNTY REGIONAL HEALTHCARE PAIN SERVICES DISCHARGE SHEET

Discharge Instruction Sheet

You have had the outpatient procedure E37 to help diagnose or treat your pain. The instructions indicated below should be followed for your safety and to obtain the best results from your procedure.

Activity

- If this is your first injection, please have someone to drive you home. If it is a repeat injection, you may drive yourself, if you had no problems with the first injection.
- Resume normal activity today for facet injections only.
- Rest today, increase activity tomorrow as tolerated.
- You may experience some numbness or weakness in your legs. Be careful when standing or walking or with rapid movement. Caution must be taken to avoid falling until normal feeling in legs and use of legs has returned.
- You may apply ice to the injection site for 5-10 minutes every 3-4 hours for the first 24 hours, after this you may use heat as needed.

Dressing (If applicable)

- Keep clean and dry for 24 hours, may remove after 24 hours
- No baths or soaking for 24 hours

Diet

- Resume normal diet

Medications

- You may continue with all previous medications unless they are changed by physician
- Resume any "blood thinners" tomorrow
- Other _____

Call Twin County Pain Center (276)238-3558 if you develop any of the following:

- Excessive or abnormal bleeding from the injection site
- Persistent or increasing nausea, vomiting, or headache
- Difficulty breathing or shortness of breath
- Persistent fever or chills
- A significant increase in the severity of your pain or change in symptoms
- Any problems passing urine

Transport Home:

- Has a responsible driver to drive him/her home. Name _____
- Other _____

Date/Time: 1/1/18 10:25 Nurse: Selma Morris RN

P |